

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>04-MAY-2015</b>		TIME <b>00:50:00</b>	2. ADDRESS OF OCCURRENCE <b>5555 W GRAND AVE CHICAGO, IL 60639</b>				3. LOCATION CODE <b>281</b>	4. BRIEF/OCUR <b>2515</b>	
<b>MEMBER INVOLVED</b> <input type="checkbox"/> DNA	5. POSITION <b>9122</b>	6. LAST NAME <b>SANTIAGO</b>	7. FIRST NAME <b>MICHAEL F</b>	8. STAR NO. <b></b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WWH</b>	11. AGE <b>602</b>	12. HT <b>344</b>	
	14. DATE OF APII <b>01-JUL-2014</b>	15. EMPLOYEE NO. <b></b>	16. UNIT & SEAT OF ASSIGNMENT <b>025 2502</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
<b>SUBJECT INFORMATION</b>	20. LAST NAME <b>GAMA</b>	21. FIRST NAME <b>MIGUEL</b>	22. M.I. <b></b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>WWH</b>	25. D.O.B. <b>14-MAY-1987</b>	26. HT <b>508</b>	27. WT. <b>260</b>	
	28. ADDRESS <b>2520 N NEW ENGLAND AVE CHICAGO, IL 60707</b>		29. TELEPHONE NO. <b></b>	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b></b>		34. BY WHOM? <b></b>	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Received Medical Aid	36. ASSAULTANT:ASSAULT <b></b>	37. ASSAULTANT:BATTERY <b></b>	38. ASSAULTANT:DEADLY FORCE <b></b>			
39. CHARGES PLACED <b>720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4</b>									
<b>REASON FOR USE OF FORCE</b> <b>(Check all that apply)</b>	40. PASSIVE RESISTER  <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		41. ACTIVE RESISTER  <input checked="" type="checkbox"/> PLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		42. ASSAULTANT:ASSAULT  <input type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		43. ASSAULTANT:BATTERY  <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		
	<b>MEMBER'S RESPONSE</b>	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____		<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	
44. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)  45. ADDITIONAL INFORMATION									
<b>WEAPON DISCHARGE INCIDENT</b>	46. POSITION <b></b>	47. STAR NO. <b></b>	48. UNIT <b></b>	49. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	50. ADDITIONAL INFORMATION				
	51. WEAPON TYPE  <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	52. INCIDENT OCCURRED  <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	53. LIGHTING CONDITIONS  <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	54. WEATHER CONDITIONS  <b>RAIN</b>	55. MAKE/MANUFACTURER <b></b>	56. MODEL <b></b>	57. BARREL LENGTH <b></b>	58. CALIBER/GAUGE <b></b>	
59. TASER DART ID NO. <b></b>	60. WEAPON SERIAL NO. (Include Letters) <b></b>	61. CHICAGO GUN REG. NO. <b></b>	62. IL FIREARM OWNER ID. NO. <b></b>	63. HANDGUN CERTIFICATE NO. <b></b>					
64. SPECIAL WEAPON CERTIFICATE NO. <b></b>	65. PROPERTY INVENTORY NO. <b></b>	66. TYPE OF AMMUNITION USED <b></b>	67. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b></b>	68. TOTAL NO. OF SHOTS MEMBER FIRED <b></b>					
69. WHO FIRED FIRST SHOT  <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	70. WAS FIREARM RELOADED DURING INCIDENT  <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	71. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b></b>	72. HOW WAS MEMBER'S HANDGUN WORN  <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	73. OTHER (Specify) <b></b>					
74. HOW WAS MEMBER'S HANDGUN DRAWN  <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	75. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b></b>	76. DID MEMBER USE SIGHTS  <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
77. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b></b>	78. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED  <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 56 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
79. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON  <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	80. POSITION OF MEMBER DISCHARGING WEAPON  <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <b></b>								
81. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT/DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.									
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
<b>SIGNATURES</b>	82. REPORTING MEMBER (Print Name) <b>SANTIAGO, MICHAEL F</b> <b>04-MAY-2015 03:19:46</b>	83. STAR/EMPLOYEE NO. <b></b>	84. SIGNATURE <b></b>						
	85. REVIEWING SUPERVISOR (Print Name) <b>O'DONNELL, JOHNNY</b>	86. STAR NO. <b>2018</b>	87. SIGNATURE <b></b>	88. DATE REVIEWED <b>04-MAY-2015</b>	89. TIME <b>03:20:38</b>				

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## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

Subject repeatedly screamed that he wanted his phone call.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The Detention Aide was within Department Guidelines on the Use of Force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRN# \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED

TIME

04-MAY-2015 03:25:15

79. TOTAL TRR'S THIS EVENT #.